	**		THE DIVISION OF HE			26865				
,°	ENEM VI	UG 29 ¹ 195	STANDARD CERTIF	ICATE OF DEATH	State File No	~~~~~				
	BIRTH NO.	JU 20 130	/ O R		5674 Registear's Na	مد				
10	I. PLACE OF DEA	TH INCOLI	γ	a. STATE MISSOU	(Where decessed lived. If in	MCOLA Chairbleston				
	b. CITY (If outside cor OR TOWN Rura!	rpurate limite, write I	township) STAY (in this place)	c. CITY (If outside corporate line TOWN Rural - S	mits, write RURAL and give tou					
RECORD	d. FULL NAME OF (HOSPITAL OR INSTITUTION	If not in hospital or i	institution, give street address or location)	d. STREET (If rural, etve location) ADDRESS R. F. D. Foley, Mo.						
	3. NAME OF DECEASED (Type or Print)	a. (First) SUSAN	ELIZABETH	GRAVES	4. DATE (Month) OF AUG.	(Day) (Year)				
PERMANENT		color or race white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Speedly)	8. DATE OF BIRTH NOV. 24 , 1865	9. AGE (In years if the last birthday) Months	R YEAR SF UNDER 24 HIS. Days Hours Mis.				
ERM	10a. USUAL OCCUPATION done during most of working	ng life, even if retired)		11. BIRTHPLACE (City and S	State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY?				
d.	13a. FATHER'S NAME	~ 40 4 1	136. MOTHER'S MAIDEN	NAME 14. I	NAME OF HUSBAND OR WI					
`	MILLIAM	E. GRAV	FORCEST 16. SOCIAL SECURITY	JOUSTON WI		aves				
MAKE	15. WAS DECEASED EVE (Yee, no, or finknown) (If	R IN U.S. ARMED yes, give war or dated	NO. NE	RAYMOND GRE	GNATURE OR NAME					
INE	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR C	CONDITION MEDICAL CONDITION CONDITIO	certification from	anhogs.	ONSET AND DEATH				
CK	*This does not mean the mode of dring, such	ANTECEDENT C		teno sele	est	pals				
BLA	as heart failure, asthenia, etc. It means the dis-	rise to the above of the underlying ca	ns, if any, giving DUE TO (b) (Compared to the course (a) stating ture last.							
•	case, injury, or complica-		DUE TO (c) IFICANT CONDITIONS			-				
	tion which caused death.		ibuting to the death but not ase or condition causing death.			<u> </u>				
UNFADING	19a. DATE OF OPERA- TION		IDINGS OF OPERATION		. 331X	20. AUTOPSY?				
DRING	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)	21c. (CITY, TOWN, OR TOWNS	SHIP) (COUNTY)	(STATE)				
1 1	21d. TIME (Month) OF INJURY	(Day) (Year)	(Hour) 21s. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	211, HOW DID INJURY OCCU	R7					
PLAINLY	22. I hereby certify that I attended the deceased from									
	23s. SIGNATURE	Kell	ey 2 Degree or title)	23b. ADDRESS	My.	8-19-53				
WRITE	24a. BURIAL, CREMA- TION, REMOVAL (Booth)	21b. DATE	ASBURY	CHAPEL RF	 / ,	0.				
	DATE REC'D BY LOCAL 8-21-55	REGISTRAR'S	SIGNATURE A 16	STORETORE	icto-Elst	my Tho.				
			(Licensed Embalmer's	Statement on Reverse Side)		7				

STATEMENT BY LICENSED EMBALMER

	I hereby certify that the body whose name is recorded on th	e reverse	side of t	bis :	certificate w	as embalm	ed by me,	or by	
<u>.</u>	***************************************			, ,	"Student	Emballeer	Mo		
		. /		\	•	1/		_	

working under my personal supervision.

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Falure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.